



## CITY OF SAN JOSE PARK FIELD USE APPLICATION

Field Reservation Unit Camden Center  
3369 Union Avenue, San Jose, CA 95124  
fieldreservations@ci.sj.ca.us  
408-369-3907 ~ Fax 408-369-1517

**A \$25.00 application fee must accompany completed application to be considered.**

League/Group Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
Sport: \_\_\_\_\_ Anticipated Attendance: Total: \_\_\_\_\_ Adults: \_\_\_\_\_ Youth (under 18): \_\_\_\_\_

1<sup>st</sup> choice: \_\_\_\_\_  
Park Requested: \_\_\_\_\_ Area Requested: \_\_\_\_\_  
Date(s) of Use: \_\_\_\_\_  
Times of Use: \_\_\_\_\_ Additional Needs: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
Park Requested: \_\_\_\_\_ Area Requested: \_\_\_\_\_  
Date(s) of Use: \_\_\_\_\_  
Times of Use: \_\_\_\_\_ Additional Needs: \_\_\_\_\_

### CLASSIFICATION INFORMATION

*Please check all that apply:*

Non-Profit Organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide tax ID#:	_____
Fund-raising event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will items be sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will alcohol be served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will a fee be charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event open to public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Services needed?	_____
Will amplified sound be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have read the Field Use Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SAVE HARMLESS AND INDEMNIFICATION AGREEMENT

I/we \_\_\_\_\_ hereby understand and agree to accept the risk of bodily injury and/or property damage which I/we may incur or cause a third party to incur as a result of my/our participation in any and all activities for which specific space has been reserved for specific times. This shall include, but not be limited to, assignment of time and space for regularly scheduled activities, sporadic use and one time event. With this understanding, I/we further agree to indemnify, defend and save harmless the City of San Jose, its Boards, its Commissions and their respective officers, agents, and employees, from and against any and all claims, losses, injuries, suits and judgments arising from, or in connection with my/our successors, assigns, heirs, executors and administrators, and any other person or entities who/which may have a claim based on my/our personal injuries and/or property damage. I/we further understand and agree that this save harmless and indemnification shall apply to and all facilities that the City of San Jose may own and/or control. Furthermore, I/we have read and agree to abide by the City of San Jose rules and regulations for the use of park facilities as provided. I/we understand further that I/we will be held financially responsible for any damage, to facilities or equipment, that occurs through our group's use of the facility. I, as the official representative of the organization listed above, accept on behalf of all the members of the organization the entire Save Harmless Agreement as worded above. I/we have read and will abide by the Field Use Policies.

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Information: Visa Discover Master Card #: \_\_\_\_\_ Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_ By: \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_\_

#### Payment

Application Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_  
TOTAL RENTAL FEES: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_